

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
OFFICE OF SAFETY  
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM

GRANT APPLICATION COVER SHEET  
ALL QUESTIONS **MUST** BE COMPLETED AND TYPEWRITTEN

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1. Applicant Organization, Address & Phone Number

All-American Bread  
123 Fake Street  
Princeton, MA 01789  
(978) 555-1212

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2. Title of Grant

Preventing Slips and Falls at All-American Bread

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3. Project Objectives(s) and Goals

The objective is to decrease the amount of falls in our facility through comprehensive training.

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4. Has your organization ever received or is it currently using DIA grant money?  
No.

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5. Is your organization currently receiving any other funds from the Commonwealth?  
No.

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6. Has your organization had a contract with the Commonwealth in the past two years?  
No.

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7. How did you originally hear about this grant program?  
Greater Worcester Chamber of Commerce

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8. Does your organization have a standing Safety Committee or Safety Programs and if so, how much money does your organization contribute to it annually?

We have a safety committee that meets quarterly and has initiated several improvements. We contribute \$10,000 to it annually.

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9. If your company does not currently have a Safety Committee, are there plans to start one?

N/A

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10. Category, please check all that apply:

<input type="checkbox"/> Public Employer	<input type="checkbox"/> Joint Labor/Management Committee
<input checked="" type="checkbox"/> Private Employer	<input type="checkbox"/> Labor Organization/Federation
<input type="checkbox"/> Trade Association	<input type="checkbox"/> Non-profit Organization
<input type="checkbox"/> Other, specify: _____	

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#### 11. Demographics

##### Total Employees

\_\_\_\_126\_\_\_\_ Employees \_\_\_\_1\_\_\_\_ Employers \_\_\_\_18\_\_\_\_ Supervisors  
(Number) (Number) (Number)

##### Total to be Trained

\_\_\_\_108\_\_\_\_ Employees \_\_\_\_1\_\_\_\_ Employers \_\_\_\_16\_\_\_\_ Supervisors  
(Number) (Number) (Number)

##### Women to be Trained

\_\_\_\_65\_\_\_\_ Employees \_\_\_\_1\_\_\_\_ Employers \_\_\_\_10\_\_\_\_ Supervisors  
(Number) (Number) (Number)

##### Minorities to be Trained

\_\_\_\_43\_\_\_\_ Employees \_\_\_\_1\_\_\_\_ Employers \_\_\_\_5\_\_\_\_ Supervisors  
(Number) (Number) (Number)

12. Hazards to Be Addressed In Application please check all that apply

\_\_\_\_ OSHA                      ☒ Injury Prevention                      \_\_\_\_ Carcinogens

☐ Asbestos                      ☐ Ergonomics                      ☐ Stress  
☐ Lead Hazards                      ☐ Fire/Electrical                      ☐ Toxins  
☐ Right-To-Know/Hazard Communication                      ☐ CTD's  
☐ Other \_\_\_\_\_

13. Location of Target Population (Check Areas That Apply)

☐ Statewide                      ☒ Central MA                      ☐ South Shore  
☐ North Shore                      ☐ Western MA                      ☐ Metro Boston

14. Justification for State Funds

We have made strides in many areas, but this money is crucial to eliminating slip and fall injuries.

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15. Names, title, address and phone number of Program Administrator:

Peter Van Nostren, Director of Safety  
All-American Bread  
123 Fake Street  
Princeton, MA 01789  
(978) 555-1212

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16. Total Amount Requested

\_\_\_\_\_ \$4162.84 \_\_\_\_\_

17. Total In-Kind Contribution made by Applicant

\_\_\_\_\_ \$2309 \_\_\_\_\_

Company Description:

All-American Bread is a privately owned company that has been serving the Worcester area for all its bread needs since 1947. All-American Bread sells high quality, organic, whole grain bread to local supermarkets and we also have an onsite store. We currently have 126 employees, which includes manufacturers and administrative staff. Previously we had 153 employees but due to a temporary scaling back of operations we have had to reduce our workforce. All-American Bread procedures require considerable manual labor due to our commitment to homemade style products.

Our employees and our consulting company are both covered by Massachusetts Workers' Compensation (see attachment E).

Occupational Health and Safety Problem:

All-American Bread has a strong commitment to safety. We have a safety committee that has lowered our accident occurrences in several areas including ergonomics, burns, and back injuries. Unfortunately one persistent problem we have had is injuries through slips and falls. The work floor is slippery because of dust from the grain, and that poses a safety problem for our employees. Table one shows that injuries in some areas have gone down over the past 5 years, but that the slip and fall category is fairly static.

Table 1. Injury occurrences by category since 2002

	2002	2003	2004	2005
Ergonomic	8	6	3	1
Burns	22	17	9	5
Back	15	12	7	3
Slip/Fall	32	30	31	30

Days lost due to slip and fall injuries have also remained fairly constant since 2002.

Table 2. Lost work days by injury type since 2002

	2002	2003	2004	2005
Ergonomic	65	35	21	17
Burns	15	10	7	4
Back	27	25	20	14
Slip/Fall	58	54	55	53

In order to maintain high productivity levels, our staff needs training in this area to avoid slip and fall injuries.

Target Audience:

Our target audience is all of our manufacturing staff and their supervisors (SIC Code 20). It will be unnecessary to train our administrative staff, as they do not work in the hazardous area. This will be new training for all employees being trained.

Program Design:

We propose to train 108 employees, including 16 supervisors. We propose ten 4-hour classes with 10-11 participants in each class. Each class will have one instructor and training will take place in our facility conference room. In addition to that training, we propose a train-the-trainer program in order to train future hires and to provide refresher training in the future. Ten of the supervisors would receive this training. The supervisors would receive an additional class lasting one and one half hours. Each supervisor would then be required to present an hour of supervised and evaluated training.

Trainers from Massachusetts Safety will conduct the training. Training will consist of PowerPoint slides, demonstrations, a video, booklets and participant exercises.

## Curriculum Outline:

- I. Quiz: How safe are you, and distribution of safety booklets for class participation
- II. PowerPoint slides and lecture
  - A. Facts about slips and falls
  - B. Injuries caused by slips and falls
  - C. Causes of slips and falls
  - D. How to prevent slips and falls
  - E. Procedure if a fall happens
- III. Demonstrations
  - A. Demonstration of unsafe behavior to show contrast
  - B. Demonstration of safe behavior
- IV. Video: Keeping Upright in the Workplace and follow up discussion
- V. Participant Exercises
  - A. Class will go to the work floor to put new knowledge into action
  - B. Individual staff members will get a chance to show how they will change their work practices
- VI. Review of key points and follow up quiz

Supervisors involved in Train-the-Trainer program will receive additional training that includes enhancement to what was already learned, workstation analysis, and effective training techniques.

## Learning Measurement:

All staff receiving training will be given pre-training and post-training exams. This will help determine if the key concepts were learned by the staff. Management and Massachusetts Safety will follow up on issues arising from this exam.

## Benefits of Training Beyond Completion:

As noted, we are proposing a train-the-trainer component to be sure this training becomes a mainstay for our staff. All-American Bread is currently in the midst of a temporary staff reduction. When new staff is hired, this slip and fall training will be part of the employee-training program. Additionally, this component will be used to conduct follow-up training on an as needed basis, likely two times each year. All-American Bread will maintain contact with Massachusetts Training after the completion of the grant for follow-up concerns and questions.

Post Evaluation Questionnaire:

All-American Bread staff agrees to participate in all required follow up evaluations required by the Office of Safety.

Budget Narrative:

The first line item on the budget summary is for 55.5 training hours. The trainer will be paid at a rate of \$65/hour, for a total of \$3607.50. Training will be split between Bob Sacamano and Joe Devola. Forty of the hours will be for staff training (10 classes at 4 hours each). Training for the supervisors participating in the train-the-trainer program account for 1.5 hours. Ten of the hours are for monitoring the class that the supervisors must preside over as part of the train-the-trainer program. Finally, the last 5.5 hours are for setup time for the classes: 10 half-hour segments for each of the 10 staff training sessions and 1 half-hour segment for the train-the-trainer class. No setup time will be needed for the train-the-trainer monitoring sessions.

The second line item is for safety booklets, "How to Avoid Slips and Falls" that will be handed out to all participants. Books cost \$1 each and 108 will be given out for a total of \$108.

The third line item is for the safety video titled, "Keeping Upright in the Workplace" that will be used in the training. The cost of the video is \$175.

The final line item is for the allowable 7% administration fee costing \$272.34.

The total cost for the grant is \$4162.84.

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<b><i>MONTH</i></b>	<b><i>ACTIVITY</i></b>
<b><i>JULY</i></b>	
<b><i>AUGUST</i></b>	Assessment of workplace
<b><i>SEPTEMBER</i></b>	3 Workplace training classes
<b><i>OCTOBER</i></b>	3 Workplace training classes
<b><i>NOVEMBER</i></b>	4 Workplace training classes
<b><i>DECEMBER</i></b>	Train-the-trainer for supervisors
<b><i>JANUARY</i></b>	
<b><i>FEBRUARY</i></b>	
<b><i>MARCH</i></b>	
<b><i>APRIL</i></b>	
<b><i>MAY</i></b>	
<b><i>JUNE</i></b>	



## Budget Summary

Contract Expenditures	Hourly/ Unit Rate	Number of Hours	TOTAL
Training: Bob Sacamano, Joe Devola	\$65	55.5	\$3607.50
Training booklets: How to Avoid Slips and Falls	\$1	108	\$108
Safety Video: Keeping Upright in the Workplace	\$175	1	\$175
Administration 7%			\$272.34
<u>MAXIMUM OBLIGATION</u>			\$4162.84

### In-Kind Budget Summary

<b>Contract Expenditures</b>	<b>Hourly/ Unit Rate</b>	<b>Number of Hours</b>	<b>TOTAL</b>
Travel	.33	800	\$264
Assessments	\$65	25	\$1625
Coordination Activity	\$21	20	\$420
Total			\$2309

### Follow up Report (1 year later)

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1. Has there been any continuation of training since the conclusion of the grant period? If so how many employees have been trained?

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  2. How many employees have been retrained since the conclusion of the grant period?

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  3. How many injuries on the grant topic have been reported since the end of the grant period?

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  4. How many lost days on the grant topic have been reported since the end of the grant period?

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  5. How many injuries on the grant topic or lost days have been reported by employees who received training with grant funding?

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  6. If the training involved life saving techniques (CPR, Heimlech Maneuver, etc.) have any lives been saved since the end of the grant?

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  7. Has your organization set up a Safety Committee as a result of this grant?

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  8. How much does your organization spend on its Safety Committee and Safety Programs?